

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 APR 21 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 729178

**1. Corporation Name**

Orange River Hills Property Owners Association, Inc.

**2. Principal Office Address**

Little River Lane

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33905

Country

USA

**3. Mailing Office Address**

c/o Oscar Tapia, President

Suite, Apt. #, etc.

4652 Little River Lane

City & State

Fort Myers, FL

Zip

33905

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

03/26/1974

**5. FEI Number**

591673038

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Joseph E. Adams, Esq. c/o Becker & Poliakoff, P.A.

Street Address (P.O. Box Number is Not Acceptable)

14241 Metropolis Avenue

Suite, Apt. #, Etc.

Suite 100

City

Fort Myers

State

FL

Zip Code

33912

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/20/05

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Oscar Tapia	4652 Little River Lane	Fort Myers, FL 33905
VP/D	Dennis McAlexander	4643 Little River Lane	Fort Myers, FL 33905
S/D	Portia Wright	1502 Sunkist Way	Fort Myers, FL 33905
T/D	Sandy Orr	4555 Oak Tree Court	Fort Myers, FL 33905

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OSCAR TAPIA (Pres.)

Date

3/22/05

Daytime Phone #

239-694-5341